



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Janice K. Brewer
Governor

Clarence H. Carter
Director

Initial Application for HCBS Certification Agencies and Therapists

Thank-you for your interest in applying for certification to provide Home & Community-Based Services (HCBS) to individuals with developmental disabilities. Before you can be certified or begin providing services, you must be a **Qualified Vendor** for the Division of Developmental Disabilities (DDD). Please visit the DDD website at <http://www.azdes.gov/ddd/> or contact DDD at (602) 542-6874 or toll free at (866) 229-5553 for guidance on becoming a Qualified Vendor.

If you have already received notification of your Qualified Vendor award, you may submit your application packet for initial HCBS Certification to the Office of Licensing, Certification and Regulation (OLCR). Your application packet should include:

1. Application for Initial HCBS Certification ([LCR-1025](#))
2. Provider Registration Form ([LCR-1027](#))
3. Copy of the Fingerprint Clearance Card (FCC) issued by the Arizona Department of Public Safety (DPS) for the CEO/President/Owner. If a FCC is pending, you may enclose a **copy** of the FCC Application and money order that was submitted to DPS. For questions on the FCC, contact DPS at (602) 223-2279.
4. Copy of the Criminal History Self Disclosure Affidavit ([LCR-1034](#)) for the CEO/President/Owner.
5. Copy of your agency's brochure, a link to your website, or other description of your program.
6. 3 reference letters for the agency or the CEO/President/Owner.
7. If the CEO/President/Owner is providing direct care to consumers, enclose proof of successful completion of training for CPR, first aid, and Article 9. For information on Article 9 training, please contact the DDD training office at (602) 771-8125.
8. Staff Matrix ([LCR-1028](#)) for all direct care employees or contractors. Please include the CEO/President/ Owner on the matrix if he or she provides direct care. The requirements listed on the matrix must be available in the records maintained by the agency/therapist for each direct care employee or contractor.
9. A Declaration of Household Member form ([LCR-1024](#)) will be needed for services provided in the home of the CEO/President/Owner, if applicable. The LCR-1024 will also be required in the records maintained by the agency/therapist for each employee or contractor who provides HCBS from their home.
10. A life-safety inspection is required for each setting or site used to provide HCBS, unless the services are to be provided in the private home of the consumer. An Inspection Request ([LCR-1033](#)) should be sent to olcrinspect@azdes.gov for each setting or site. Please visit our website (www.azdes.gov/olcrinspect) for more information on the life-safety inspection.

In addition, the application packet for agencies (**not including therapists**) must include the following documents:

- [Provider Participation Agreement \(PPA\)](#)
- [Disclosure of Ownership](#)
- [W-9](#)

Your complete application packet may be sent to OLCR by U.S. Postal Service, fax, or email:

Mail
Arizona Department of Economic Security
OLCR-HCBS Certification
P.O. Box 6123 – 076A
Phoenix, AZ 85005-6213

Fax
602-257-7045

E-mail
HCBScertification@azdes.gov

Questions related to certification should be directed to HCBScertification@azdes.gov or to your assigned certification specialist:

Agency (first letter) Assigned Certification Specialist

A – D Patti Shiroma (PShiroma@azdes.gov)
602-542-9001
E – J Jenna Garcia (JuanitaGarcia@azdes.gov)
602-542-9003

Agency (first letter).....Assigned Certification Specialist

K – P Sandra James (SJames@azdes.gov)
602-542-9008
Q – Z Bonnie Swan (BSwan@azdes.gov)
602-542-9002